IN THE MATTER OF	**BEFORE THE MARYLAND**
CATHERINE R. LEWIS, M.D.	**STATE BOARD OF**
RESPONDENT	**PHYSICIANS**
License Number: D0089055	**Case Number: 2226-0208**

CONSENT AGREEMENT

THIS AGREEMENT is made between Disciplinary Panel B of the Maryland State Board of Physicians (the "Board") and Catherine R. Lewis, M.D. (the "Respondent"):

WHEREAS, the Respondent is a physician licensed to practice medicine in the State of Maryland, initially licensed on or about March 11, 2020;

WHEREAS, the Maryland Board received information that, on or about December 3, 2025, the Tennessee Board of Medical Examiners (the "Tennessee Board") issued the Respondent a medical license restricted to the practice of non-surgical critical care medicine;

WHEREAS, on or about June 11, 2026, the North Carolina Medical Board (the "North Carolina Board") restricted the Respondent's medical license to the practice of non-surgical critical care medicine;

NOW, THEREFORE, the Respondent agrees that her license to practice as a physician in the State of Maryland is hereby **RESTRICTED** to the practice of non-surgical critical care medicine until such time as the restrictions of the Respondent's medical license in Tennessee and North Carolina have been terminated; and

The Respondent further agrees that this Agreement is a public document. See Health Occ. §§1-607, 14-411.1(b)(2) and Gen. Prov. §4-333(b)(6).

8/3/2026
Date

Signature on File
Catherine R. Lewis, M.D.
Respondent

09/03/2026
Date

Signature on File
Christine A. Farrelly
Executive Director

CONSENT

I, _____, acknowledge that I have consulted with legal counsel before signing this document.

[OR]

I, Cathrine R. Lewis, acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Agreement. I have chosen to proceed without counsel, and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Agreement and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq*. I waive this right and have elected to sign this Consent Agreement instead.

I acknowledge the validity and enforceability of this Consent Agreement as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Agreement.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Agreement as a resolution of the charges. I waive all rights to appeal this Consent Agreement.

I sign this Consent Agreement, without reservation, and fully understand the language and meaning of its terms.

8/3/2026
_____
Date

Signature on File

Catherine R. Lewis, M.D.
Respondent

NOTARY

STATE OF Pennsylvania

CITY/COUNTY OF Beaver

I HEREBY CERTIFY that on this 3rd day of August, 2026, before me, a Notary Public of the State and City/County aforesaid, personally Catherine R. Lewis, M.D., and made oath in due form of law that the foregoing Consent Agreement was her voluntary act and deed.

AS WITNESS my hand and notarial seal.

Matthew E Webb

Notary Public

My Commission expires: 04/09/2030

Commonwealth of Pennsylvania - Notary Seal
Matthew E Webb, Notary Public
Beaver County
My commission expires April 9, 2030
Commission Number 1298553

Notarized remotely online using communication technology via Proof.